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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete if Known

Application Number	10/603,440
Filing Date	June 24, 2003
First Named Inventor	Sonja M. Fields
Examiner Name	Jacqueline F. Stephens
Art Unit	3761
Attorney Docket No.	01313/100F698-US3

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
		- 100 = /50 (round up to a whole number) x =		

4. OTHER FEE(S)

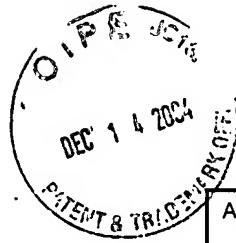
Non-English Specification, \$130 fee (no small entity discount)

Other: 1814 Statutory Disclaimer 130.00

SUBMITTED BY

Signature	Sandra Lee	Registration No. (Attorney/Agent)	51,932	Telephone	(212) 527-7735
Name (Print/Type)	Sandra S. Lee			Date	December 14, 2004

Express Mail Label No. Dated: _____



Application No. (if known): 10/603,440

Attorney Docket No.: 01313/100F698-US3

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No 382053371-44 in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 14, 2004
Date

G Karasz *G Karasz*
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Typed or printed name of person signing Certificate

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Amendment in Response to Non-Final Office Action (3 pages);
Amendment Transmittal (1 page);
Check in the amount of \$1,020.00 (Check No. 7016);
Terminal Disclaimer (2 pages);
Fee Transmittal (1 page);
Check in the amount of \$130.00 (Check No. 7017); and
Return postcard.



AMENDMENT TRANSMITTAL LETTER

Docket No.
01313/100F698-US3

Application No.
10/603,440

Filing Date
June 24, 2003

Examiner
Jacqueline F. Stephens

Art Unit
3761

Applicant(s): Sonja M. Fields et al.

Invention: DISTRIBUTION STRIP FOR ABSORBENT PRODUCTS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 20 =		X	
Independent Claims	1	- 3 =		X	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 1,020.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Sandra Lee

Sandra S. Lee

Attorney Reg. No.: 51,932

DARBY & DARBY P.C.

P.O. Box 5257

New York, New York 10150-5257

(212) 527-7714

Dated: December 14, 2004

Express Mail Label No.

Dated: _____